FY 2005 GPRA INDICATORS CROSSWALK TO CRS 2005

Ind. Nbr	GPRA Performance Indicator	CRS 2005 Topic	CRS 2005 GPRA Indicator	GPRA FY 2005 Target
TREATMENT INDICATORS				
Diabetes Group				
1	Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase. *[outcome]*	Diabetes: Glycemic Control	Poor Control. Active Diabetic patients with HbA1c greater than (>) 9.5.	Assess proportion of patients with poor diagnosed control.
2	Address the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control. *[outcome]*	Diabetes: Glycemic Control	Ideal Control. Active Diabetic patients with HbA1c less than (<) 7.	Maintain at FY 2004 level.
3	Address the proportion of patients with diagnosed diabetes that have achieved blood pressure. *[outcome]*	Diabetes: Blood Pressure Control	Active Diabetic patients with controlled BP, defined as < 130/80.	Maintain at FY 2004 level.
4	Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. *[outcome]*	Diabetes: Lipids Assessment	Active Diabetic patients with LDL completed during the Report Period, regardless of result.	Maintain at FY 2004 level.
5	Address the proportion of patients with diagnosed diabetes assessed for nephropathy. *[outcome]*	Diabetes: Nephropathy Assessment	Active Diabetic patients who have had both 1) positive urine protein test or any microalbuminuria test, regardless of result AND 2) an Estimated GFR during the Report period.	Maintain at FY 2004 level.
6	Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites. *[outcome]*	Diabetic Retinopathy	Active Diabetic patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics.	Maintain at FY 2004 level.
Cancer Screening Group				
7	Address the proportion of eligible women patients who have had a Pap screen within the previous three years. *[outcome]*	Cancer Screening: Pap Smear Rates	Female Active Clinical patients ages 21-64 without a documented history of hysterectomy with a Pap Smear documented in the past 3 years, including refusals in past year.	Maintain at FY 2004 level.

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8	Address the proportion of eligible women patients who have had mammography screening within the last 2 years. *[outcome]*	Cancer Screening: Mammogram Rates	Female Active Clinical patients ages 52-64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies who had a Mammogram documented in the past 2 years, including documented refusals in past year.	Maintain at FY 2004 level.
Alcohol and Substance Abuse Group				
9	Assure quality and effectiveness of Youth Regional Treatment Centers. *[outcome]*	N/A	N/A	Ensure 100% participation.
10	Address alcohol use in female patients of childbearing age. *[outcome]*	Alcohol Screening (FAS Prevention)	Female Active Clinical patients ages 15-44 screened for alcohol use during the Report Period.	Increase over FY 2004 rate.
Oral Health Group				
11	Address access to optimally fluoridated water for the AI/AN population. *[outcome]*	N/A	N/A	0.5% over FY 2004 pop. Receiving fluoridated water.
12	Address the proportion patients who obtain access to dental services. *[outcome]*	Access to Dental Service	User Population patients with documented dental visit during the Report period, including refusals in past year.	Maintain at FY 2004 level.
13	Address the number of sealants placed per year in AI/AN children. *[outcome]*	Dental Sealants	The total number of dental sealants *(all ages)* during the Report Period.	Maintain at FY 2004 level.
14	Address the proportion of patients diagnosed with diabetes who obtain access to dental services. *[outcome]*	Diabetes: Access to Dental Services	Active Diabetic patients with documented dental visit during the Report period, including refusals in past year.	Maintain at FY 2004 level.
Family Abuse, Violence, and Neglect Indicator				
15	Address the proportion of women who are screened for domestic violence at health care facilities. *[outcome]*	Intimate Partner (Domestic) Violence Screening	Female Active Clinical patients ages 15-40 screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.	Maintain at FY 2004 level.
Information Technology Development Group				
16	Expand the automated extraction of GPRA clinical performance measures and improve data quality.	N/A	N/A	Add 2 new measures of automated data quality assessment.

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17	Expand the Behavioral Health Data System by assuring an additional 5% of the programs will report minimum agreed-to behavioral health-related data into the national data warehouse.	N/A	N/A	Increase by 5%.
18	Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status, and patient care data for the Indian health system.	N/A	N/A	Implement C&G language.
Quality of Care Group				
19	Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	N/A	N/A	100%
20	Address medication errors by developing a reporting system to reduce medication error. *[outcome]*	N/A	N/A	All direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.
21	Assess consumer satisfaction with the acceptability and accessibility of health care.	N/A	N/A	Improve by 1% over FY 2004.
Total Treatment Indicators Included in CRS: 13 of 21				
PREVENTION INDICATORS				
Public Health Nursing Indicator				
22	Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by public health nursing	Public Health Nursing	Number of visits by PHNs in any setting, including Home.	Maintain at FY 2004 level.

Ind. Nbr	GPRA Performance Indicator	CRS 2005 Topic	CRS 2005 GPRA Indicator	GPRA FY 2005 Target
Immunization Group				
23	Address rates for recommended immunizations for AI/AN children patients 19-35 months. *[outcome]*	Childhood Immunizations	Active Clinical patients ages 19-35 months who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.	Maintain at FY 2004 level.
24	Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. *[outcome]*	Adult Immunizations: Influenza	Active Clinical patients ages 65 and older with Influenza vaccine documented during the Report Period, including refusals in past year.	Maintain at FY 2004 level.
25	Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. *[outcome]*	Adult Immunizations: Pneumovax	Active Clinical patients ages 65 and older with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.	Maintain at FY 2004 level.
Injury Prevention Group				
26	Support community-based injury prevention programs.	N/A	N/A	
27	Address the number of unintentional injuries for AI/AN people. *[outcome]*	N/A	N/A	Maintain or reduce FY 2004 level.
Suicide Prevention Indicator				
28	Support suicide prevention programs.	N/A	N/A	Establish baseline data.
Developmental Prevention and Treatment				
29	Support clinical and community-based cardiovascular disease prevention initiatives. *[outcome]*	Cardiovascular Disease and Cholesterol Screening	Active Clinical patients ages 23 and older with documented blood cholesterol screening any time in the past 5 years.	Establish baseline number of eligible patients screened for lipids.
30	Support clinical and community-based obesity prevention initiatives. *[outcome]*	Obesity Assessment	Active Clinical patients ages 2-74 for whom a BMI could be calculated.	Increase % of patients with BMI measured.
31	Support local level initiatives directed at reducing tobacco usage. *[outcome]*	Tobacco Use and Exposure Assessment	Active Clinical patients ages 5 and older who have been screened for tobacco use during the Report period.	Maintain screening at FY 2004 level.

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HIV/AIDS Group				
32	Reduce the incident of HIV in AI/ AN communities.	Prenatal HIV Testing	All pregnant female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever who received an HIV test during the past 20 months, including refusals in past 20 months.	Establish baseline screening of pregnant women for HIV.
34[1]	Implement automated web-based environmental health surveillance data collection system in tribal systems.	N/A	N/A	+15% over FY 04 level.
Total Prevention Indicators Included in CRS: 8 of 12				
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS				
35	Provide sanitation facilities to new or like-new homes and existing Indian homes. *[outcome]*	N/A	N/A	22,000 homes
36	Improve access to health care by construction of the approved new health care facilities. *[outcome]*	N/A	N/A	Complete scheduled phase of construction of appropriated facilities.
Total Capital Programming/Infrastructure Indicators Included in CRS: 0 of 2				
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY INDICATORS				
Consultation Improvement Indicator				
37	Improve the level of satisfaction with the processes for consultation and participation provided by the IHS, as measured by a survey of I/T/Us.	N/A	N/A	Meet or exceed FY 2004.
Administrative Efficiency, Effectiveness, and Accountability Group				
38	Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	N/A	N/A	TBD

[1] Indicator 33 was removed for FY 2005.

Ind. Nbr	GPRA Performance Indicator	CRS 2005 Topic	CRS 2005 GPRA Indicator	GPRA FY 2005 Target
39	Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	N/A	N/A	Assess public health infrastructure in additional 3 area offices.
Quality of Work Life and Staff Retention Group				
42[2]	Assess scholarship program for placement and efficiency.	N/A	N/A	Improvement placement rate by 2%.
Total Consultation, Partnerships, Core Functions, and Advocacy Indicators Included in CRS: 0 of 4				
TOTAL GPRA INDICATORS INCLUDED IN CRS: 21 of 39 (54%)				

[2] Indicators 40 and 41 were removed for FY 2005.